

Contract No. DE-AC08-98NV13149

ATTACHMENT C

BILLING INSTRUCTIONS --COST REIMBURSEMENT TYPE CONTRACT

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1. **Introduction.** These instructions are provided for use by Contractors in the preparation and submission of vouchers requesting reimbursement for work performed under cost-reimbursement type contracts. Compliance with these instructions will reduce correspondence and other causes for delay to minimum and will promote prompt payments to the Contractor.
2. **Voucher Form.** In requesting reimbursement, Contractors shall use Standard Form 1034, Public Voucher for Purchases and Services Other Than Personal (Exhibit A), and its continuation sheet, SF-1035, supported by a Statement of Cost (see Exhibit B). An acceptable substitute (which provides the same necessary information as found in Exhibits A and B of these instructions may be used provided the written consent of the Contracting Officer is first obtained.
3. **Preparation.**
 - a. Standard Form 1034 shall be completed in accordance with the following instruction notations (see counterpart notations on Exhibit A):
 - (1) Leave Blank
 - (2) Enter voucher number (number consecutively, commencing with "1").
 - (3) Enter date voucher was prepared.
 - (4) Enter contract number and date of contract award.
 - (5) Enter Contractor's name, mailing address, and telephone number of office to which payment is to be sent. This must be the same as stipulated in the contract.
 - (6) Leave blank.
 - (7) Identify billing period (e.g., "Jan. 19,"; or "Jan. - Mar. 19").
 - (8) Enter dollar amount billed.
 - b. The **Statement of Cost** shall be completed substantially as shown in Exhibit B, making due allowance for the Contractor's cost accounting system. Costs claimed shall be only those recorded costs authorized for billing by the payment

provisions of the contract. Indirect costs claimed shall reflect actual experience, but in no event shall exceed those approved for billing purposes by the Contracting Officer. Additional supporting data for claimed costs shall be provided in such form and reasonable detail as an authorized representative of the Contracting Officer may require. For "Capital Equipment" and "Other Nonexpendable Equipment" supporting schedules shall be provided, including all information required by 41 CFR 109 (see publication DOE/MA0003, Management of Government Property in the possession of Off-Site Contractors (DOE-PMR 109-60) so that prior approval of purchases may be verified, and schedules of Government property under the contract may be revised as required.

- c. **Work Effort Contract.** For work effort contracts, the Contractor shall include a formula/explanation showing how the fixed-fee payment requested was determined.
 - d. **All Other Cost-Reimbursement Type Contracts.** For all other cost-reimbursement type contracts, the Contractor shall state the percentage of completion, show the basis of rationale used in arriving at the percentage of completion, and show the calculation used in arriving at the requested fixed-fee payment.
 - e. The **Cost Report** shall be completed substantially as shown in Exhibit C. Instructions on completing the Cost Report will be provided by the DOE/NV Financial Services Division, Accounting Team (702) 2951057.
4. **Billing Period.** A voucher shall be submitted no more frequently than monthly (unless prior written consent of the Contracting Officer for more frequent billing is obtained). The period of performance covered by vouchers should be the same as covered by any required monthly technical progress reports.
5. **Submission.**
- a. The Contractor shall submit an original plus two copies of the voucher, each supported by a Statement of Cost, to:

U.S. Department of Energy
Albuquerque Operations Office (DOE/AL)
ATTN: AFSCNGST
P.O. Box 5087
Albuquerque, NM 87185-5087

- b. The Contractor shall submit a copy of the voucher, supported by a Statement of Cost, and a Cost Report (Exhibit C), to both the:

U.S. Department of Energy
Nevada Operations Office
Contracts Management Division
P. O. Box 985 18
Las Vegas, NV 89193-8518

and

U.S. Department of Energy
Nevada Operations Office
Financial Services Division
P. O. Box 985 18
Las Vegas, NV 89193-8518

The Contracts Management Division will review the invoice and if acceptable, provide approval for payment to the DOE/AL. The payment will be processed from DOE/AL. Invoices that are not acceptable for payment will be resolved by the Contracts Management Division and the vendor. **IF A COPY OF THE VENDOR'S INVOICE, SUPPORTED BY A STATEMENT OF COST AND A COST REPORT, IS NOT SUBMITTED TO THE CONTRACTS MANAGEMENT DIVISION, THE INVOICE WILL NOT BE PROCESSED FOR PAYMENT.**

- c. The Contractor should contact DOE/NV Financial Management Division, Accounting Branch (702) 295-1057, if assistance is needed for voucher submission.
- d. The certification of the Statement of Cost (or Consolidated Statement of Cost if Task/Work Orders are involved) attached to the original voucher must be signed by a responsible official of the Contractor.
- e. The certification of Statement of Cost (or Consolidated Statement of Cost) should include the name and telephone number of the Contractor's contact for resolution of questions.
- f. To be considered a proper invoice, the invoice (or voucher) must include the following:

Name of the business concern and invoice date;

Contract number, or other authorization for delivery of property or services; and

Billing period and Statement of Cost on form required by the contract.

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

US DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION	DATE VOUCHER PREPARED	SCHEDULE NO.
	CONTRACT NUMBER AND DATE	PAID BY
	REQUISITION NUMBER AND DATE	
PAYEE'S NAME AND ADDRESS	1	DATE INVOICE RECEIVED
		DISCOUNT TERMS
		PAYEE'S ACCOUNT NUMBER
		GOVERNMENT B/L NUMBER
SHIPPED FROM	TO	WEIGHT

NUMBER AND DATE OF ORDER	DATE OF DELIVERY OR SERVICE	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT (¹)
				COST	PER	

Use continuation sheet(s) if necessary		(Payee must NOT use the space below)		TOTAL
PAYMENT <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL <input type="checkbox"/> PROGRESS <input type="checkbox"/> ADVANCE	APPROVED FOR BY ² TITLE	EXCHANGE RATE = \$1.00	DIFFERENCES	
			Amount verified, correct for	
			(Signature or initials)	

Pursuant to authority vested in me, I certify that this voucher is correct and proper for payment.

(Date) (Authorized Certifying Officer) (Title)

ACCOUNTING CLASSIFICATION

CHECK NUMBER	ON ACCOUNT OF US TREASURY	CHECK NUMBER	ON (Name of bank)
CASH	DATE	PAYEE ³	

When stated in foreign currency, insert name of currency

¹If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign in the space provided, over his official title.
²When a voucher is receipted in the name of a company or corporation, the name of the person writing the company or corporate name as well as the capacity in which he signs must appear. For example: "John Doe Company, per John Smith, Secretary", or "Treasurer" as the case may be.

PER
TITLE

STATEMENT OF COST

Company Name : _____
Location: _____

Contract No. _____
Subcontract No. _____
Voucher No. _____

Contract Amount (face value):

Amount Authorized for Expenditure
(Obligated):

Estimated Cost \$ _____
Maximum Award Fee \$ _____
Total Estimated
cost & Maximum Award Fee \$ _____

Basic Contract \$ _____
All Modifications \$ _____
Contract to Date \$ _____

Period of Performance covered by this Billing: _____

	Claimed for this	Through	Cumulative Claimed
<u>Claimed Costs</u>	<u>Billing Period</u>		<u>This Billing Period</u>
Direct Labor	_____		_____
Fringe Benefits @ %	_____		_____
Overhead @ %	_____		_____
Capital Equipment	_____		_____
Other Nonexpendable Equip	_____		_____
Material & Supplies	_____		_____
Travel	_____		_____
Subcontract No. 1	_____		_____
Subcontract No. 2	_____		_____
Subcontract No. 3	_____		_____
Other Direct Costs	_____		_____
Adjustments (Explain)	_____		_____
Total Costs (less G&A)	_____		_____
G & A @ ? %	_____		_____
Total Costs	_____		_____
Award-Fee	_____		_____
Total Costs/Award-Fee	_____		_____
Credit (Explain)	_____		_____
Total	_____		_____

CERTIFICATION: I certify that this invoice is correct and in accordance with the terms of the contract and that the costs included herein have been incurred, represent payments made by the Contractor, except as otherwise authorized in the payments provisions of the contract, and properly reflect the work performed.

SIGNATURE

TITLE

Name and address of the preparer:

Telephone Number:
